

For your



Commonwealth of Massachusetts
Group Insurance Commission

Your
Benefits
Connection

BENEFIT

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GROUP INSURANCE COMMISSION

Providing Massachusetts State
Employees, Retirees, and Their
Dependents with Access to
Quality Care at
Reasonable Costs

Inside This Issue of FYB:

➤ Diabetes Prevalence Increasing at
Alarming Rates

.....page two

➤ GIC Health Plans Earn National
Quality Awards

.....page three

➤ Leapfrog Hospital Report Card

.....page four

➤ Benefit Statement Enhancement
and Reminders

State Board of Retirement Beneficiary
Details Included in This Year's
Employee Benefit Statements

.....page six

➤ Medicare Part D Prescription
Drug Reminders and Warnings

.....page seven

Bring it Home

Employees - be sure to bring this
newsletter home to your family.
Their input and knowledge of
benefit options, changes, reminders,
and tools to take charge of your
health is important to your family's
health and well being.

GIC Plans to Give Members Incentives For Choosing Quality, Cost-Effective Physicians

Annual Enrollment is April 19-May 17 for Changes Effective July 1, 2006

Anual enrollment will soon be here and with it some changes in all of the GIC's non-Medicare plans except the Basic Commonwealth Indemnity Plan. Many GIC plans will provide cost and quality information on individual physicians or physician groups to help you choose care. Members of these plans will pay lower co-pays for visiting high-quality, cost-effective providers with our Select & Save plans.

What does this mean to you? You will need to become an active participant in choosing your health providers and your health plan. When you use cost-effective, high-quality doctors and hospitals, you help keep premium increases down. For FY07, you may pay lower co-pays if you visit your plan's network of high-quality, cost-effective providers. Each plan will be developing its own network. Some will offer tiered primary care physicians. Others will tier some specialists. Many will continue to offer tiered hospital networks. To help you evaluate which plan is the best for you and your family, the GIC and our plans will provide you with communication materials to help you make a decision that's right for you and your family. Your GIC *Benefit Decision Guide* will include charts to give you an overview of how each plan will be tiering health care providers. During the course of the year, you may use these guides and other plan materials when you select hospitals or specialists if you need them.

How do you decide? During annual enrollment, research your health plan options. Read the GIC's *Benefit Decision Guide*, *For Your Benefit* newsletter, website and new *Select & Save Plan* brochure to become familiar with the new tiered products. GIC communications are delivered to all state agencies and to retirees' homes. Contact each plan to find out detailed information about their plan design.

This may seem more complicated – and it is – modern medical care is more complicated. But working together we can improve health care quality and manage rising health care costs. Keep in mind that although these changes do not affect Medicare plan members and Basic Commonwealth Indemnity Plan members, members of these plans should also research their choice of providers to receive the best quality and cost-effective care. *See page 8 for information on the GIC's annual Public Hearing and pages 4-5 for hospital quality information.*



Diabetes Prevalence Increasing at Alarming Rates

How You Can Lower Your Risk

Eat right, exercise, and maintain your ideal body weight. You have heard it many times, but more and more Americans are overweight, leading to alarming increases in the prevalence of diabetes, a disease in which the body is unable to produce or unable to properly use and store glucose, a form of sugar. In fact, excess weight is the single most important cause of type 2 diabetes. Those who are overweight are 20 to 40 times more likely to develop diabetes, according to a 2003 *Journal of American Medical Association (JAMA)* study.

More than 20 million Americans, about 7% of the population, have diabetes. From 1997 through 2003 the number of new cases of diagnosed diabetes increased by 52%. The typical American born today has a one in three chance of developing type 2 diabetes according to the National Library of Medicine. Sadly, almost 30% of the people with diabetes are not aware that they have it, and another 41 million have prediabetes (*see sidebar*). Diabetes and its complications kill more Americans each year than AIDS and breast cancer combined. According to *Conquering Diabetes*, diabetes can shorten your lifespan by 10 to 15 years. In addition to premature death, complications of diabetes affect the heart, eyes, gums, kidneys, circulatory system, nerves, liver and skin.

GIC members are not immune to the risks of type 2 diabetes. At last year's health fairs, GIC members participating in the complimentary health screenings had their non-fasting glucose measured. Although the non-fasting measure is not as accurate as a fasting test, it provides an indicator of risk. Thirty-four percent of GIC participants had blood glucose values of 110 mg/dL or higher – half of these had prediabetes levels and half had provisional diabetes! Additionally, the majority of GIC participants (63%) were overweight or obese, according to the National Institute of Diabetes and Digestive and Kidney Disease body mass index guidelines, significantly increasing their risk for diabetes.

Type 2 diabetes is a *preventable disease*, even for those at risk. Family history, ethnicity (African American, Hispanic or Native American), age of 45 or more, excess weight, physical inactivity and high blood pressure put you at risk. To delay or prevent prediabetes and type 2 diabetes, the American Diabetes Association recommends:

❖ **Daily exercise of 30 minutes or more at least five days a week, which will lower your blood sugar and help**

continued on page 3

Diabetes Glossary

Normal fasting glucose level: The American Diabetes Association defines normal fasting blood glucose levels as a value of 110 mg/dL (milligrams/deciliter).

Prediabetes: People with fasting glucose values between 110 and 126 mg/dL are considered to have impaired fasting glucose, or prediabetes, a risk factor for future diabetes and cardiovascular disease.

Diabetic glucose level: People with fasting glucose values of 126 mg/dL or greater may have diabetes and should get additional testing.

Type 1 diabetes: An autoimmune disease in which the immune system attacks the insulin-producing cells of the pancreas. This form of diabetes usually appears in childhood but can occur at any age. Patients must take insulin by injection or pump to stay alive. Approximately 5% to 10% of diabetics have type 1 diabetes. Risk factors for type 1 diabetes may be autoimmune, genetic or environmental. There is no known way to prevent type 1 diabetes.

Type 2 diabetes: A metabolic disorder in which the body's cells become less responsive to insulin, a pancreatic hormone that is essential especially for the metabolism of carbohydrates. Approximately 90% to 95% of diabetics have type 2 diabetes. It is highly preventable with lifestyle changes.

Gestational diabetes: A condition that causes blood sugar to rise in some pregnant women. Blood sugar levels usually return to normal after delivery. However, women who have gestational diabetes are at increased risk of developing type 2 diabetes in the future.



To complement day-to-day telephone and e-mail communication with our plans, GIC staff visits our health plans each fall. Alres Dinnall (left) and Lynn Ostrowski of Health New England provided updates on their innovative disease management programs, including HNE's Living Well Grocery Store Tour™, which takes place at Big Y Supermarkets and are also conveniently available in VHS and CD-Rom formats.

Diabetes Prevalence Increasing at Alarming Rates How You Can Lower Your Risk

continued from page 2

you with your weight: Physical activity causes sugars to be transported to your cells, where they are used for energy, which lowers sugar levels in your blood.

- ❖ **Eat a healthy diet:** Eat fruits, vegetables and whole grains, which are high in nutrition and low in fat and calories, while reducing animal products and sweets in your diet.
- ❖ **Get routine screenings:** If you have any risk factors for diabetes and are under age 45, ask your doctor for a fasting plasma glucose or a two-hour oral glucose tolerance test. Regardless of risk, get screened routinely beginning at age 45.

The bottom line – stay lean and stay active: Numerous clinical trials have shown that type 2 diabetes is preventable with lifestyle changes. Ninety percent of type 2 diabetes cases are attributable to excess weight, lack of exercise, a less-than-healthy diet, smoking, and excess alcohol, according to a Nurses' Health Study. Smokers are 50% to 90% more likely to develop diabetes than nonsmokers, according to an American Journal of Public Health study. *It is never too late to take charge of your health to delay or ward off getting diabetes!*

If you are diagnosed with diabetes, your doctor will work with you to help you keep it under control and avoid complications. In addition to daily checks of your glucose level, following your medication schedule, and the lifestyle changes outlined above, your health care team should ensure you get yearly eye exams, have annual urine tests, monitor your cholesterol levels and oral health, keep your vaccinations up to date, and check your feet daily for discolorations, swelling, pus or unusual changes. These disease management interventions will be critical to your quality of life and longevity.

GIC Health Plans Offer Diabetics a Variety of Programs to Keep Them Healthy

Commonwealth Indemnity Plans: Members with diabetes receive personalized programs, which may include an intensive two-and-a-half days diabetes education program, quarterly individualized recommendations, educational materials and/or a personal nurse health educator who can provide education and support. Contact 1-800-942-7224 for additional details.

Fallon Community Health Plan: Members with diabetes receive telephonic support by a Registered Nurse, as well as educational mailings. For additional details, contact 1-800-833-2535 ext. 69490.

Harvard Pilgrim Health Care: Members with diabetes can take advantage of MyDiabetes, an online support program offering an interactive diary and an online forum. For additional details, contact 1-888-888-4742 ext. 38230 or register on HPHC's website.

Health New England: Members with diabetes can take advantage of HNE's disease management workshops, educational materials, and virtual education programs. HNE's Living Well Grocery Store Tour™ provides members with shopping education at Big Y supermarkets. A licensed registered dietician helps you review food labels for carbohydrate, sodium, fat and cholesterol content to help you make healthy food choices. This tour is also available free to HNE members in VHS and CD-Rom formats. Contact 1-800-842-4464 ext. 3553 for additional details.

Neighborhood Health Plan: Members with diabetes are assigned a Care Manager who provides benefit assistance and patient-doctor support. For additional information call 1-800-432-9449.

Tufts Health Plan: Tuft's Taking Charge™ Diabetes Program helps diabetics take control of their disease with educational materials and patient-doctor support. Call 1-800-870-9488 for additional details.

GIC Health Plans Earn National Quality Awards



Three of the GIC's health plans earned national recognition for quality in 2005. These plans ranked in the top 20 of the 257 national plans evaluated. U.S. News & World/NCQA America's Best Health Plans List – recognizes HMO & Point-of-Service (POS) plans across the United States that provide superior access to care, overall member satisfaction, prevention and treatment. NCQA, a private, non-profit organization measures and reports on various aspects of performance.

Congratulations to the following plans!

- ❖ Harvard Pilgrim Health Care HMO & POS - #1
- ❖ Fallon Community Health Plan – HMO & POS - #17
- ❖ Health New England – HMO & POS - #19

Kudos to Tufts Health Plan also, which earned a #4 ranking nationally for its HMO & POS plan. Currently, there are no comparable measures available for Indemnity and Preferred Provider Organization (PPO) plans such as the Commonwealth Indemnity Plans and Navigator by Tufts Health Plan. Details of these rankings can be found on the GIC's website.

Medical mistakes are the fifth-leading cause of death in the United States. They cause more deaths than car accidents, breast cancer and AIDS. Even when mistakes made in hospitals are not fatal, they still can lead to injury, disability, longer hospital stays, or a longer recovery. The GIC is a member of the Leapfrog Group, a coalition of more than 170 organizations devoted to improving patient safety. The Leapfrog Group works with medical experts across the country to reduce preventable medical mistakes, improve the quality and affordability of health care, and encourage public reporting of health care quality and outcomes so that consumers and purchasing organizations can make more informed health care choices.

The Leapfrog Group has identified four patient safety steps that are scientifically proven to reduce death and injury:

- Computerized physician order entry systems (CPOE) for prescribing drugs
- Significant experience performing specific high-risk procedures
- Intensive Care Unit (ICU) that is staffed at least eight hours a day by specially trained doctors and other caregivers
- High “Leapfrog Quality Index,” meaning the hospital has put in place 27 procedures known to reduce preventable medical mistakes.

Most routine procedures are often safely and conveniently performed at your local hospital. The Leapfrog charts that follow can help you choose the best and safest hospital for high-risk procedures. The GIC’s website also offers a helpful hospital quality research

tool. This tool includes condition- or disease-specific hospital comparisons based on the following criteria:

- Number of patients treated
- Complication and post-operative infection rates
- Public perception
- Hospital profiles

To access the website tool, click on the “Your Health” section of the GIC’s website (www.mass.gov/gic), then click on “Hospital Research Tool” and follow the login link. Use “GIC” as your username. Your password is the word “quality.”

Use the Leapfrog Report Card and web-based research tool in conjunction with talking with your doctor and health plan about your hospital options. Keep in mind that Select & Save plans with hospital tiers base co-pays on both quality and cost efficiency, and that Leapfrog is only one source of hospital quality information.

This Report Card contains information that hospitals have reported to the Leapfrog Group as of October 31, 2005. For additional information about these measures, and more up-to-date data, visit the Leapfrog Group’s website: www.leapfroggroup.org.

These hospitals did **not** respond to the Leapfrog Group’s requests for data as of October 31, 2005:

Boston Medical Center, Boston
 Clinton Hospital, Clinton
 Dana-Farber Cancer Institute, Boston
 Hubbard Regional Hospital, Webster
 Milford Whitinsville Regional Hospital, Milford
 New England Baptist Hospital, Boston

For information on hospitals that partially meet the Leapfrog standards for the following six conditions/procedures, visit the Leapfrog Group’s website: www.leapfroggroup.org.

HOSPITALS THAT HAVE FULLY IMPLEMENTED LEAPFROG STANDARDS – For these six conditions/procedures:	Coronary Artery Bypass	Percutaneous Coronary Intervention	Abdominal Aortic Aneurysm Repair	Esophagectomy	Pancreatic Resection	High-Risk Deliveries & Neonatal ICUs
Baystate Medical Center	●	●	●			●
Beth Israel Deaconess Medical Center		●		●	●	●
Brigham and Women’s Hospital	●		●	●	●	●
Cape Cod Hospital		●				
Caritas St. Elizabeth’s Medical Center		●				
Charlton Memorial Hospital		●				
Children’s Hospital Boston						●
Mary & Arthur Clapham Hospital (Lahey Clinic)			●	●	●	
Massachusetts General Hospital	●		●	●	●	●
Mt. Auburn Hospital		●				
Saint Vincent Hospital		●				
Tufts New England Medical Center						●
UMass Memorial Medical Center		●			●	●

Leapfrog Hospital Report Card – Survey Results as of October 31, 2005

SYMBOL KEY

-  Fully implemented Leapfrog's recommended quality and safety leap
-  Good progress in implementing Leapfrog's recommended quality and safety leap
-  Good early stage effort in implementing Leapfrog's recommended quality and safety leap
-  Willing to report publicly; did not yet meet Leapfrog's criteria for a good early stage effort
-  Did not disclose
- NA** **Not Applicable** – Recommended safety practice does not apply to this particular hospital because it does not offer the service to which the safety practice applies.
- NT** **Not Targeted** – Leapfrog members did not request the hospital's response to these questions but the hospital has voluntarily participated in other sections of the survey.

HOSPITAL NAME	Computerized Drug Orders	ICU Staffing	Quality Index
Addison Gilbert Hospital			
Anna Jaques Hospital			
Athol Memorial Hospital			
Baystate Medical Center			
Berkshire Medical Center Inc.			
Beth Israel Deaconess Hospital - Needham			
Beth Israel Deaconess Medical Center - Boston			
Beverly Hospital			
Brigham and Women's Hospital			
Brockton Hospital			
Cambridge Health Alliance			
Cape Cod Hospital			
Caritas Carney Hospital			
Caritas Good Samaritan Med. Ctr.			
Caritas Norwood Hospital			
Caritas Holy Family Hospital			
Caritas St. Elizabeth's Medical Center			
Charlton Memorial Hospital Site of Southcoast Hospitals Group, Inc.			
Children's Hospital Boston			
Cooley Dickinson Hospital, Inc.			
Emerson Hospital			
Fairview Hospital			
Falmouth Hospital			
Faulkner Hospital			
Franklin Medical Center			
Hallmark Health System/Lawrence Memorial Hospital of Medford			
Hallmark Health System/Melrose-Wakefield Hospital			
Harrington Memorial Hospital			

HOSPITAL NAME	Computerized Drug Orders	ICU Staffing	Quality Index
Health Alliance Hospitals			
Heywood Hospital			
Holyoke Hospital, Inc.			
Jordan Hospital Inc.			
Lawrence General Hospital			
Leonard Morse Hospital			
Lowell General Hospital			
Marlborough Hospital			
Martha's Vineyard Hospital	NT	NT	
Mary & Arthur Clapham Hospital (Lahey Clinic)			
Mary Lane Hospital			
Massachusetts Eye & Ear Infirmary		NA	
Massachusetts General Hospital			
Mercy Medical Center			
Merrimack Valley Hospital			
Metrowest Medical Center			
Milton Hospital			
Morton Hospital & Medical Center			
Mt. Auburn Hospital			
Nantucket Cottage Hospital	NT	NT	
Nashoba Valley Medical Center			
Newton-Wellesley Hospital			
Noble Hospital			
North Adams Regional Hospital			
North Shore Medical Center - Salem Hospital			
North Shore Medical Center - Union Hospital			
Quincy Medical Center			
Saint Vincent Hospital			
Saints Memorial Medical Center Inc.			
South Shore Hospital			
St. Annes Hospital Corporation			
St. Luke's Hospital Site of Southcoast Hospitals Group			
Sturdy Memorial Hospital			
Tobey Hospital Site of Southcoast Hospitals Group			
Tufts New England Medical Center			
UMass Memorial Medical Center			
Winchester Hospital			
Wing Memorial Hospital			

Benefit Statement Enhancement and Reminders

State Board of Retirement Beneficiary Details Included in This Year's Employee Benefit Statements

Every year in late January, the GIC sends you an overview of your benefits to help you keep your records up to date. In cooperation with the State Board of Retirement (SRB), we are adding a new feature this year! Active employees who participate in the State Board of Retirement system will receive State Board of Retirement beneficiary details. This is a great opportunity for you to check who the State Board of Retirement has on file as your beneficiary. In the event that you die while still in active state service and before your retirement, your beneficiary on file receives certain pension benefits or payments. This beneficiary designation is also used for payment of any unused vacation and sick time owed. A beneficiary form will be enclosed to conveniently update your State Board of Retirement beneficiary designation.

Keep in mind that your GIC beneficiary is used for life insurance purposes, and is not valid for retirement purposes. Alternately, your SRB beneficiary is not valid for GIC life insurance payouts. Your GIC life insurance beneficiary is listed on the front of your benefit statement.

Be sure to review all of the information on the front of your benefit statement to ensure that it is up to date. Failure to provide timely notice of personal information changes may affect your insurance coverage and may result in your being billed for health care services provided to you

or a family member. Active employees should notify their agency's GIC Coordinator of any changes, while retirees should contact the GIC. Forms and instructions to make changes will be enclosed with the statement. If everything on the statement is correct, you do not need to do anything. File the statement with your important papers; it is the only statement you will receive in 2006.

When you review your statement, check for the following information and notify your agency's GIC Coordinator (active employees) or the GIC (retirees/survivors) of any changes:

- ❖ Marriage
- ❖ Legal separation
- ❖ Divorce
- ❖ Address change
- ❖ Birth or adoption of a child
- ❖ Legal guardianship of a child
- ❖ Remarriage of an insured
- ❖ Remarriage of a former spouse
- ❖ Dependent turning age 19
- ❖ Marriage of a covered dependent
- ❖ Termination of a dependent's student status
- ❖ Death of an insured
- ❖ Death of a covered spouse, dependent or beneficiary
- ❖ GIC beneficiary designation



Letters to the Editor

"I received a letter telling me that I was selected to participate in the [Commonwealth Indemnity Plan's] PREMIER direct-to-member program. With the letter I received my "Personal Care Note" with a few suggestions concerning my medications. It suggested I discuss the issue with my primary care physician within 2-4 weeks.

I took the "Suggestions for You" with me to my doctor's visit. I have very many medical issues and brought a listing of my medications to this fairly new primary care physician. [The doctor] was a great find. I brought several medical issues to him and he has been an excellent doctor for me. He told me everything that was suggested to me [in the "Personal Care Note"] was true and he doesn't know how he didn't already have me on the suggested medication. He immediately started me on the medication.

I think the program is an excellent one and I will benefit from the suggestion made. Sometimes even the best of doctors can overlook something – especially with my extensive medical history. I'm glad you have chosen me to be a part of your PREMIER Direct-to-Member program."

S. Rebello, Three Rivers, MA

The GIC welcomes your feedback. We will include selected letters in our newsletter. Or, submit a letter and request that we not reprint it. The GIC reserves the right to edit your comments for clarity and space considerations. All letters must be signed with your name and address. Send Letters to the Editor to [Cynthia McGrath](#), Editor, *For Your Benefit*, Group Insurance Commission, PO Box 8747, Boston, MA 02114-8747.

☛ Medicare Part D Prescription Drug Reminders and Warnings

For most GIC Medicare enrollees, the drug coverage you currently have through your GIC health plan is a better value than the new Medicare Drug Plans being offered. Therefore, you should not enroll in a Medicare drug plan.

- ❖ The GIC mailed to all members a “Creditable Coverage Notice” in November that provides proof that you have comparable or better coverage than Medicare Part D. If you should later enroll in a Medicare drug plan because of changed circumstances, you must show this notice to the Social Security Administration to avoid paying a penalty. The Creditable Coverage Notice is also available on our website and will be included in all plan handbooks effective July 1, 2006. Keep this notice with your important papers.
- ❖ If you are a member of one of our Medicare Advantage plans (Fallon Senior Plan, Harvard Pilgrim First Seniority and Tufts Medicare Preferred), your plan automatically includes Medicare Part D coverage. If you enroll in another Medicare Part D drug plan, the Centers for Medicare and Medicaid Services will automatically disenroll you from your GIC Medicare Advantage health plan, which includes both your medical and your drug coverage. Look before you leap!
- ❖ If you have limited income and assets, the Social Security Administration offers help for paying for Medicare prescription drug coverage and this may be the one case where signing up for a Medicare Part D plan may work for you. Help is available online at www.ssa.gov or by phone at 1-800-772-1213.



Jack O'Malley (left) and Cliff Watkin of Sentinel Benefits drew names of GIC Coordinators attending the HCSA and DCAP breakfast seminars. Dorothy Grosswendt of Bridgewater State College and Diane Guardabasso of the Department of Business and Technology were the lucky winners of \$50 American Express Gift Cheques at the Boston breakfast.

Health Insurance

Commonwealth Indemnity Plan, Commonwealth Indemnity Plan PLUS, Commonwealth Indemnity Community Choice Plan, Indemnity Medicare Extension (OME) Plan (<i>UNICARE</i>)	1-800-442-9300 www.unicare-cip.com
Commonwealth Indemnity Plans' Prescription Drugs (<i>Express Scripts</i>)	1-877-828-9744 www.express-scripts.com
Commonwealth Indemnity Plans' and Navigator by Tufts Health Plan's Mental Health, Substance Abuse, EAP (<i>United Behavioral Health</i>)	1-888-610-9039 www.liveandworkwell.com (access code: 10910)
Navigator by Tufts Health Plan	1-800-870-9488 www.tuftshealthplan.com/gic
Fallon Community Health Plan Direct Care, Select Care Senior Plan	1-800-868-5200 www.fchp.org
Harvard Pilgrim Health Care POS First Seniority	1-800-333-4742 1-800-421-3550 www.harvardpilgrim.org
Health New England HMO, MedRate	1-800-310-2835 www.healthnewengland.com
Neighborhood Health Plan	1-800-462-5449 www.nhp.org
Tufts Health Plan Medicare Complement Tufts Health Plan Medicare Preferred (formerly Secure Horizons)	1-800-870-9488 1-800-701-9000 www.tuftshealthplan.com

Other Benefits

Life Insurance and AD&D (<i>UnumProvident</i>)	Call the GIC 1-617-727-2310, ext. 1 www.mass.gov/gic
Long Term Disability (LTD) (<i>The Hartford</i>)	1-866-847-6343 www.maemployeesltd.com
Employee Assistance Program (EAP) Accessed by Managers and Supervisors (<i>United Behavioral Health</i>)	1-617-558-3412 www.liveandworkwell.com (access code: 10910)
Health Care Spending Account (HCSA) and Dependent Care Assistance Program (DCAP) (<i>Sentinel Benefits</i>)	1-888-762-6088 www.mass.gov/gic
LifeBalance®	1-800-854-1446 www.lifebalance.net (password and ID: <i>lifebalance</i>)
GIC Retiree Vision Discount Plan (<i>Davis Vision</i>)	1-800-783-3594 www.davisvision.com
GIC Retiree Dental Plan (<i>Altus</i>)	1-800-722-1148 www.altusdental.com
Dental Benefits for Managers, Legislators, Legislative Staff and Executive Office Staff (<i>Delta Dental</i>)	1-800-553-6277 www.deltamass.com
Vision Benefits for Managers, Legislators, Legislative Staff and Executive Office Staff (<i>Davis Vision</i>)	1-800-650-2466 www.davisvision.com
Medicare (Federal Program)	1-800-633-4227 www.medicare.gov
State Board of Retirement	1-617-367-7770 www.mass.gov/treasury/srb.htm
Group Insurance Commission TDD/TTY Access	1-617-727-2310 1-617-227-8583 www.mass.gov/gic (hospital research tool password: <i>quality</i>)

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Cynthia McGrath, Editor



Prescription Drug Benefit Reminders

Formulary Changes Effective January 1, 2006: Most GIC plans revise their drug formularies at the beginning of the year and may update them throughout the year. Drugs on your plan's formulary are your best buy, giving you access to drugs that are effective, safe and affordable. You pay the lowest co-pay for drugs on the first or second tier. When you receive your plan's formulary, photocopy it and give it to each doctor you see. You and your doctor should review the formulary to determine which drugs are best for you.

Mail-order Offers Convenience and Savings: If you are taking a medication on a regular basis, ask your doctor for a 90-day mail order prescription, plus refills if appropriate. With mail order, you can enjoy lower co-pays and convenient home delivery. Members taking long-term therapies for high blood pressure, high cholesterol, allergies and asthma should take a look at this option to see how much money you will save by switching from retail to mail order. Once you begin mail order, simply order refills by phone or Internet. To get started, contact your plan to request a mail-order drug form (*see contact information on page 7*).

Express Scripts Benefit Reminder for Commonwealth Indemnity Plan Members: Express Scripts members can receive coverage for Prilosec over-the-counter (OTC) at the low generic co-pay. If your doctor recommends Prilosec OTC for you, have him or her write a prescription for Prilosec OTC to receive coverage.

**GIC's Annual
Public Hearing**
Wednesday,
March 1, 2006
12:30 p.m. – 2:30 p.m.

Minihan Hall, 6th Floor
Charles F. Hurley Building
19 Staniford Street,
Boston

All state employees and retirees are welcome to attend our annual public hearing. The GIC will describe prospective benefit changes and attendees are invited to express their views.



Providing Massachusetts State Employees, Retirees, and Their Dependents with Access to Quality Care at Reasonable Costs

COMMONWEALTH OF MASSACHUSETTS
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inside...
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▶ Medicare Part D Reminders